PTO/SB/22 (12-04)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional | HEGEIVED |
|--|--|--|------------------------------------|
| | | 31876-0263 | CENTRAL FAX CEN |
| Application Number 09/966,049 conf # 5410 | , 2000 (1.1.1. 4010).) | Filed 09/28/2001 | NOV 1 1 2005 |
| Grid that Tracks the Occurrence of a N-Dimensional Matrix of Combinatorial Ever a Linear INdex | ats in a Simulation Using | · - | |
| Art Unit 2123 | | Examiner Stevens, Thomas H. | |
| This is a request under the provisions of 37 CFR 1.13 application. | 36(a) to extend the perio | od for filing a reply in the | above identified |
| he requested extension and fee are as follows (che | ck time period desired a | nd enter the appropriate | fee below): |
| | <u>Fee</u> | Small Entity Fee | 400 |
| ✓ One month (37 CFR 1.17(a)(1)) | \$120 · | \$60 | \$ <u>120</u> |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | s |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | s |
| Applicant claims small entity status. See 37 CFR | 1.27. | | |
| ☐ A check in the amount of the fee is enclosed | d. | | |
| Payment by credit card. Form PTO-2038 is | | | |
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| The Director is hereby authorized to charge Deposit Account Number | | be required, or credit a e enclosed a duplicate | |
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| am the applicant/inventor. | | | |
| assignee of record of the enti Statement under 37 CFR | | | |
| attorney or agent of record. R | egistration Number <u></u> | 35,454 | _ |
| attorney or agent under 37 Cl Registration number if acting und | | | |
| Meatis & Book_ | | 11/11/2005 | |
| - Ciginala Ci | | Da | ate |
| Matthew J. Booth | | 512-474-8488 | |
| Typed or printed name | | 11/16/2005 HBIRAS HBIRAS 09966049 | |
| OTE: Signatures of all the inventors or assignees of record of the egnature is required, see below. | entire interest or their represent | tative(s) are required. Submit mu | ultiple forms if more than meed OF |
| Total of forms a | re submitted. | | 1 |

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